

LEAF COLLECTION REQUEST FORM

NAME _____

STREET _____

CITY _____ STATE _____, ZIP _____

TELEPHONE: Home _____

Work _____

ZONE: ____ (1) ____ (2) ____ (3) ____ (4) ____ (5) ____ (6) ____ (7) ____ (8)

TYPE OF REQUEST (Please check those that apply)

_____ **\$48 vacuum service during collection schedule**
(Request must be made by request deadline for your zone)

_____ **Bagged leaves**

_____ **Choice of collection date**

_____ **Eligible for tax relief**

SIGNATURE: _____

Bagged leave must have yard waste tags*

(*See directions for tags under Bagged Leaf Collection on the County's Web Site within the General Services Department